Department of Health
Early Intervention Services

Performance Report

Performance Period July 2005-September 2005

Introduction

This report presents information about the performance of operations and services of the Early Intervention Section (EIS) and Healthy Start from July through September 2005.

Data are presented in six performance areas:

- *Enrollment:* Data are provided on the number of children who were served, by island and statewide.

- *Service Gaps:* Data include the number of Part C eligible infants and toddlers who experienced service gaps, by island and statewide.

- *Personnel:* Information on personnel, by island and statewide, is collected to ensure there are sufficient personnel to serve the eligible population. Personnel data for EIS are divided by roles: social work, direct service, and central administration. Caseload data include the number and percentage of social workers that have non-weighted caseloads of no more than 1:35. Personnel data for Healthy Start staff (central administration positions) are provided.

- *Training Opportunities:* Training data include the number of early intervention (EI) staff, families, and other community providers (including Department of Education preschool special education teachers, community preschool staff, etc.) who participated in training activities. Information includes trainings provided or supported by EIS and Healthy Start.

- *Quality Assurance:* Information on quality assurance activities for EIS and Healthy Start are provided.

- *Funding:* Data on appropriations, allocations, and expenditures are provided.

Strengths and challenges to the early intervention system for July through September 2005 are summarized.

Enrollment

Early Intervention Section

Monthly Enrollment

Monthly enrollment data for infants and toddlers served by EIS from July through September 2005 are shown in Table 1.

Table 1. EIS Monthly Enrollment Data

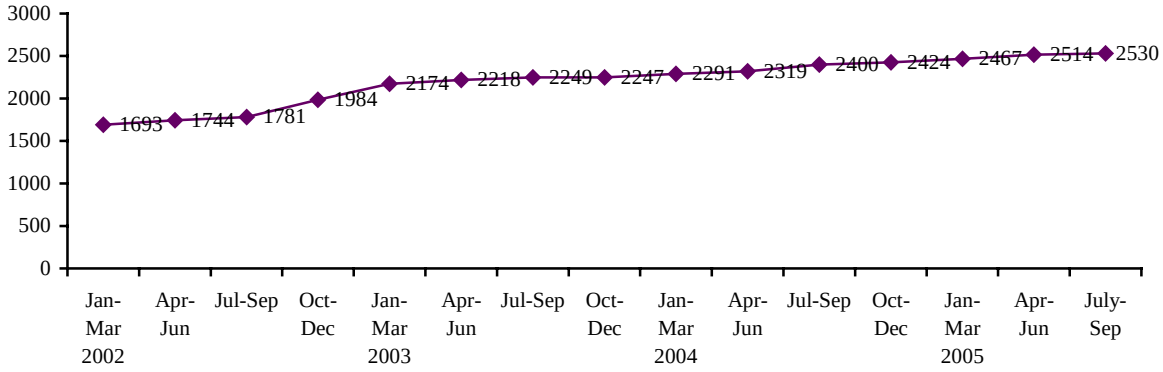
Month	Monthly Enrollment	Island					
		Oahu	Hawaii	Maui	Kauai	Molokai	Lanai
July 2005	2551	1787	327	250	153	29	5
August 2005	2534	1734	326	287	153	29	5
September 2005	2505	1684	320	317	151	28	5

Note: Enrollment information includes children provided care coordination by EIS (including Early Childhood Services Programs [ECSP]), Purchase of Service programs (POSP), Public Health Nurses (PHN), and Healthy Start.

Quarterly Enrollment

The quarterly enrollments (average monthly enrollment for the quarter) since January 2002 are shown in Graph 1. Compared to the April-June 2005 quarter, the average enrollment data for the July-September 2005 quarter increased from 2,514 to 2,530 children, less than 1%. Over the past year, from July-September 2004 to July-September 2005, enrollment has increased 5.4% statewide.

Graph 1. EIS Quarterly Enrollment from Jan 2002 to September 2005



Child Find

Child find activities continue and, based on the continuing increase in number of infants and toddlers identified with developmental delays, are successful in informing new providers, pediatricians, and families about Hawaii's early intervention system and how to make a referral to the system. In addition to child find activities, trainings to community preschool teachers, day care providers and other community providers expand the knowledge of early intervention and the referral process to community providers (see section on Training Opportunities).

The EIS website, which was launched in May 2004, continues to expand awareness of Hawaii's early intervention program not only to Hawaii residents, but nationwide. The

website has an automatic link to the H-KISS referral form to simplify referrals. The website is still being expanded to provide other relevant information.

EIS continues to provide H-KISS brochures to the Healthy Start Early Identification Units to distribute to families who are either ineligible for Healthy Start or choose not to enroll in the program.

Healthy Start

Birth rates for Hawaii for July to September 2005 are as follows:

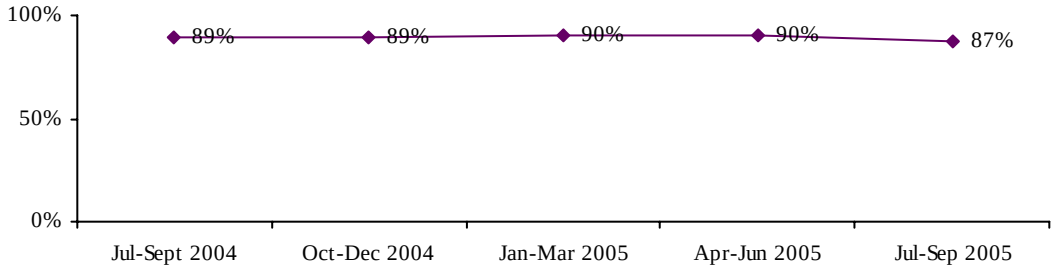
Month	Births
July	1193
August	1245
September	1311

Screen, Assessment, and Accepted Referral Rates
Oahu is the focus of this section for the following 3 reasons:

- Oahu represents the majority of activity for the state. As a result, statewide numbers are skewed by Oahu's numbers.
- Oahu rates have historically been lower than the Neighbor Islands where rates for screens, assessments, and acceptance of referrals have been consistently high.
- In the last contract period, FY 2004-2005, a new Purchase of Service Provider (POSP) replaced the longstanding POSP. This resulted in falling rates, and improvement became a primary focus of quality improvement efforts.

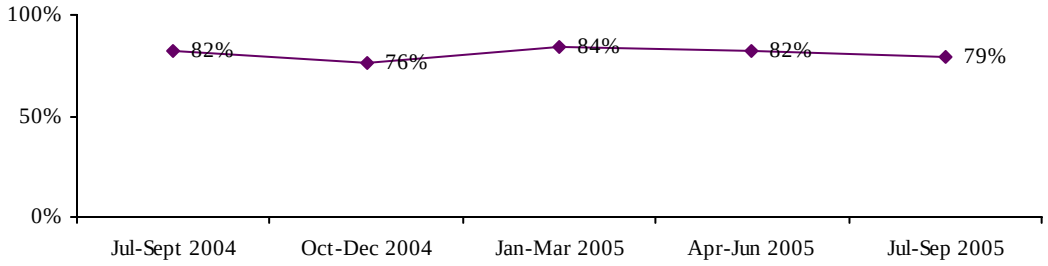
Screen rate: The quarterly early identification (EID) screen rate (Graph 2) has been relatively stable over the past 12 months.

Graph 2. Oahu EID Quarterly Screen Rate July 2004 through September 2005.



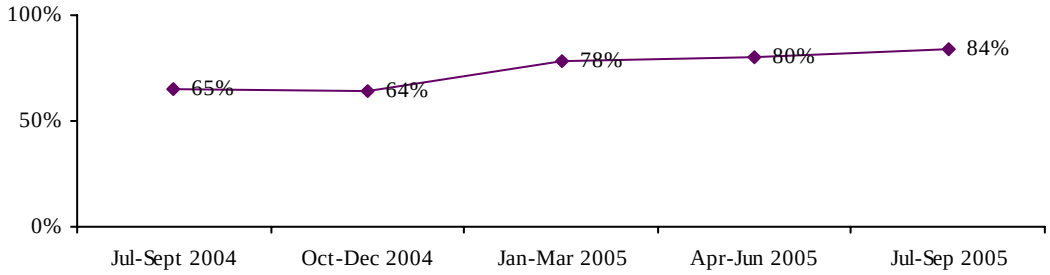
Assessment rate: The quarterly EID assessment rate (Graph 3) has also been relatively stable over the past 12 months. Factors that may contribute to the fluctuation in rate include staff turnover and vacancies. This may be particularly true for this quarter as the current, extended POSP draws closer to the end of the contract and transition to the new POSP is being planned. Even greater fluctuation may be evident in the next few quarters as transition is completed.

Graph 3. Oahu EID Quarterly Assessment Rate July 2004 through September 2005.



Referral rate: The quarterly EID referral rate (Graph 4) has slowly and steadily improved over the past 12 months with the goal of achieving a standard of 85% near fruition. Again, with the change of POSP, it is expected that rates will decrease and will take time to reach a consistent level of performance.

Graph 4. Oahu EID Quarterly Referral Rate July 2004 through September 2005.



New Enrollment

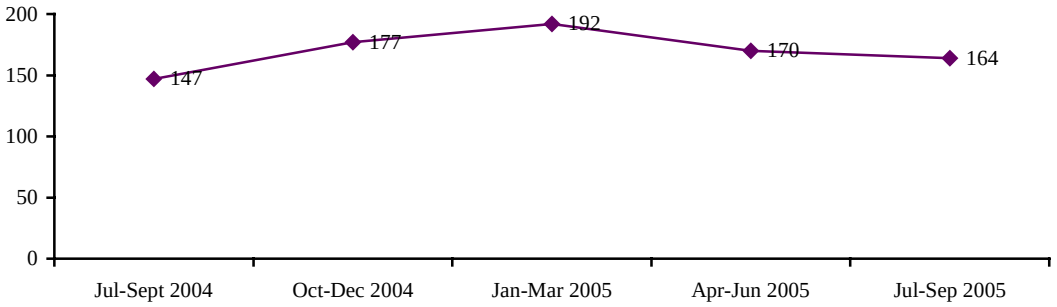
A total of 492 infants were newly enrolled in home visiting services during this quarter (Table 2), a decrease of 30 from the previous quarter. Factors contributing to fluctuation in enrollment include varying number of births, varying number of positive screens/assessments, voluntary nature of acceptance of referrals to home visiting services, staff turnover, and protocols for addressing barriers to acceptance. The average monthly new enrollment statewide for this quarter is 164 (Graph 5), a decrease of 6 from last quarter.

Table 2. Healthy Start New Enrollment Data from July to September 2005

Month	New Enrollment*	Island					
		Oahu	East Hawaii	West Hawaii	Maui/ Lanai	Kauai	Molokai
July	152	111	6	11	20	4	0
August	164	119	18	10	15	2	0
September	176	129	14	12	18	2	1

Note: Does not include prenatal enrollments.

Graph 5. Healthy Start New Monthly Enrollment from July 2004 to September 2005



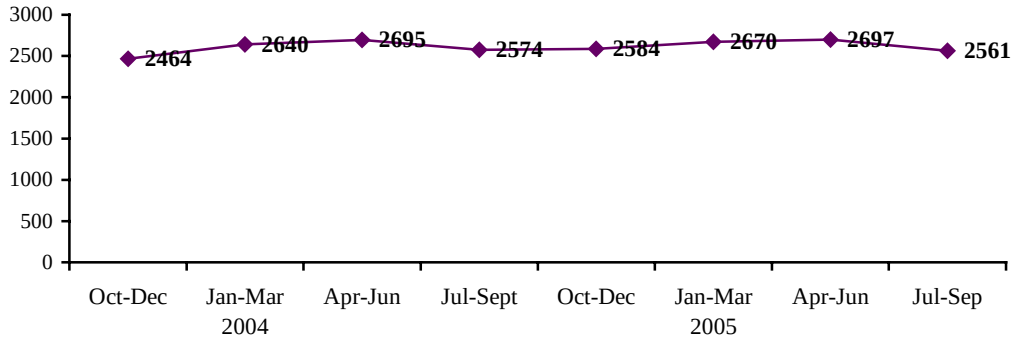
Active Enrollment

The monthly active enrollment (children remaining in home visiting services) (Table 3), which had increase over the last 3 quarters, decreased slightly this quarter with 136 less children (Graph 6). This is the same pattern evident a year ago where peak enrollment months appear to be the 3rd and 4th quarters (compared to 1st and 2nd quarters) and is not surprising given fluctuations in births.

Table 3. Healthy Start Monthly Active Enrollment for July to September 2005

Month	Active Enrollment	Island					
		Oahu	East Hawaii	West Hawaii	Maui/ Lanai	Kauai	Molokai
July	2592	1767	205	192	243	133	55
August	2560	1586	186	176	245	129	59
September	2520	1563	188	176	246	116	57

Graph 6. Healthy Start Average Quarterly Enrollment from October 2003 to September 2005.



Service Gaps

The tables below provide information on service gaps for EIS, PHNB, and Healthy Start providers for July-September 2005. Service gaps are divided into two types: full service gaps where no services were provided to the child, and partial service gaps where alternative services were provided. For children receiving multiple services, when a specific therapist is not available, there is generally a partial service gap, since another

therapist, using a transdisciplinary format, will provide services. If the child requires only 1 service (e.g., speech therapy) and a therapist is unavailable to provide direct services, there will be a full service gap. When this occurs, the care coordinator typically will provide information on activities that the family can use with their child to support his/her development until a provider is available.

Full Service Gaps

The total number of monthly full service gaps was similar to last quarter, as it increased from 36 full gaps last quarter to 37 full gaps this quarter, affecting 36 children (un-duplicated monthly count) as some children had multiple gaps. A total of 33 children (unduplicated quarterly count) had at least one gap over the quarter. (Table 4)

Table 4. Full Service Gaps by Month

Service Gap		July	August	September	Total
Occupational Therapy		3 (Oahu) 3 (Maui)	1 (Maui)		7
Physical Therapy		8 (Oahu) 2 (Hawaii)	2 (Oahu) 2 (Hawaii)	1 (Hawaii) 6 (Maui)	21
Speech Therapy		4 (Oahu)	1 (Maui)	1 (Oahu)	6
Special Instruction			1 (Oahu)	2 (Oahu)	3
Total Number of Monthly Full Gaps	Oahu	15	3	3	21
	Maui	3	2	6	11
	Hawaii	2	2	1	5
	Kauai				
	Total	**20**	**7**	**10**	**37**
Total Number of Children *(un-duplicated by month)*	Oahu	15	2	3	20
	Maui	3	2	6	11
	Hawaii	2	2	1	5
	Kauai				
	Total	**20**	**6**	**10**	**36**
Total Number of Children *(unduplicated by quarter)*	Oahu				20
	Maui				11
	Hawaii				2
	Kauai				
	Total				**33**

Partial Service Gaps

The total number of monthly partial service gaps (Table 5) increased from 118 partial gaps last quarter to 204 this quarter, affecting 199 children (un-duplicated monthly count). One hundred thirty-eight (138) children experienced at least one gap during the quarter.

Table 5. Partial Service Gaps by Month

Service Gap		July	August	September	Total
Occupational Therapy		2 (Oahu) 1 (Hawaii) 8 (Maui)	1 (Oahu) 2 (Maui) 1 (Lanai)	2 (Oahu)	17
Physical Therapy		15 (Oahu) 2 (Maui) 3 (Hawaii)	8 (Oahu) 2 (Hawaii) 2 (Maui)	7 (Oahu) 2 (Hawaii) 5 (Maui)	46
Special Instruction		11 (Oahu)	11 (Oahu)	8 (Oahu)	30
Speech Therapy		18 (Oahu) 2 (Maui)	34 (Oahu) 1 (Maui)	42 (Oahu) 3 (Lanai)	100
Vision Services		3 (Oahu)	2 (Oahu)	2 (Oahu)	7
Psychological Services – Skills Trainer				1 (Oahu)	1
Interpreter Services		1 (Hawaii)	1 (Hawaii)	1 (Hawaii)	3
Total Number of Partial Gaps	Oahu	49	56	62	167
	Maui	12	5	5	22
	Hawaii	5	3	3	11
	Lanai		1	3	4
	Total	**66**	**65**	**73**	**204**
Total Number of Children *(un-duplicated by month)*	Oahu	47	55	62	164
	Maui	11	5	5	21
	Hawaii	4	3	3	10
	Lanai		1	3	4
	Total	**62**	**64**	**73**	**199**
Total Number of Children *(un-duplicated by quarter)*	Oahu				109
	Maui				19
	Hawaii				7
	Lanai				3
	Total				**138**

Reasons for Gaps

There are several reasons for gaps consistent across islands:

Staff Shortages and/or Vacancies. The main reason for gaps (both full and partial) continues to be staff vacancies. This was particularly relevant this quarter in the area of speech-language therapy on Oahu and physical therapy across the state. Imua Family Services (Maui's early intervention provider) is continually recruiting for additional staff, but due to being on a neighbor island and salary differentials between Maui and the mainland, recruitment continues to be difficult.

Vacation/Sick Leave. Gaps also occur when staff is on vacation and/or sick leave, as there generally are not additional providers to fill in and meet service requirements. As noted in the section above, programs usually respond by revising schedules so that all children receive at least some services identified.

Providing Services on Weekends or After Work Hours and at Homes of Families. Another reason for gaps is the inability to provide services on weekends or after work hours and at families' home, to meet family needs. While programs attempt to schedule services at times and places convenient to families, there are generally fewer service options during weekends and after hours. Also, with increasing numbers of children and

vacant positions, program staff may not always be available to provide home-based services. Programs will generally try to serve the child during work hours and at their center while they work them into their "after hours" and/or "at home" schedule. This is not always possible and the result is a service gap.

Scheduling Errors/Lack of Documentation. On occasion, program staff will inadvertently not contact a family to schedule a service identified on the IFSP. As soon as this is identified, the family is contacted to schedule the missing appointment, but it may still result in a service gap. Similarly, staff may not document that the service did occur, resulting in difficulty confirming that the service occurred.

Transfers to Programs. With the expansion of early intervention programs, children are being transferred from services provided by fee-for-service providers to program staff. There were instances this quarter when service gaps occurred due to scheduling errors at the new program. As the new programs are more stabilized, this should occur less frequently.

Actions to Reduce Gaps

1) All three new early intervention programs on Oahu are accepting referrals for newly identified children and accepting transfers from care coordinators whose children previously were receiving services from fee-for-service providers. Although there have been gaps due to transfer issues (described above), it is expected that there will be fewer service gaps and more comprehensive services for eligible children and their families on Oahu.
2) With the increase of children referred to POS programs, not only from H-KISS, but also from other care coordinators (PHNB and Healthy Start), the POS programs are in the process of recruiting for additional staff. As noted above, recruiting is both a time-intensive and expensive process as it entails advertising in mainland papers and discipline-specific journals. Many POS programs have increased their salary ranges in order to attract and retain therapists.
3) EIS continues to work with EI program staff to review different service delivery models, including the use of transdisciplinary services, with consultation by other therapists, to meet the outcomes listed on the IFSP. While many children enrolled in early intervention programs receive transdisciplinary services, some therapists do not use this service option. There will be a focus of additional training in the transdisciplinary service delivery method to ensure that recommended IFSP services are appropriate.

All children served at early intervention programs (as compared to receiving services from fee-for-service providers), who had a partial service gap, received other services, generally through a transdisciplinary model of service delivery to support the overall needs of the child and family.

Personnel

Goal: 90% of EIS social work positions are filled.

EIS has a total of 48 social work positions statewide. Forty-four (44) positions provide care coordination services. The remaining 4 positions are administrative and are included

in the data on administrative positions. At the end of September 2005, 36 of the 44 state social worker/care coordinator positions, or 82%, were filled. Vacant positions were on Oahu (5 [4-EIS, 1-Leeward ECSP]), Maui (1), and Hawaii (2), in Hilo and North Hawaii. Recruitment has been difficult due to changes in the recruitment process and the length of time to receive lists, contact applicants and complete the interview process. Individuals have expressed interest in these state positions and will be able to apply as soon as the recruitment period reopens. One staff counted as a filled position is on maternity leave, which impacts the ability of the other social workers/care coordinators to meet required timelines.

The following table provides information on the 44 DOH social worker/care coordinator positions, by island and statewide as of September 2005.

Table 6. Percentage of EIS Social Work/Care Coordinator Positions that are Filled, by Island, as of September 2005.

Island	SW Positions Total #	SW Positions Filled #	SW Positions Filled %
Oahu	29	24	82%
Hawaii	7	5	71%
Maui	5	4	80%
Kauai	3	3	100%
Total	**44**	**36**	**82%**

Not included in the above table are the following 6 positions (5.0 FTE) that provide care coordination and are funded by the POS contracts: 0.5 FTE care coordinator position for Molokai's Ikaika program; 0.5 FTE social work position for Salvation Army; 1.0 FTE social worker for Imua on Maui; 2.0 FTE social work positions for the Easter Seals Kapolei POS program on Oahu; and 1.0 FTE for the Easter Seals Waipahu POS program on Oahu. Funds were included in the Ikaika, Salvation Army, Kapolei, and Waipahu programs as there are no designated DOH social work positions assigned to these programs. Funds were provided to Imua as the above five Maui state positions were not sufficient for their caseload. Because of the continued increase in children served, and the expanding roles of the social workers/care coordinators, POS programs received approval to hire additional social workers. Information on these positions is included in the section on care coordinator ratios.

Goal: 90% of EIS direct service positions are filled.

EIS has 44 direct service positions statewide. These positions include early intervention therapists (speech-language pathologists, occupational therapists and physical therapists), psychologists, special education teachers, vision and hearing specialists, a nutritionist, and paraprofessionals. Not included are the Early Childhood Services Unit (ECSU) supervisor and ECSP Managers, as they spend the majority of their time providing administrative supervision and support to program staff. They are included in the count of administrative positions in Table 8. At the end of September 2005, 37 of the 44 direct service positions, or 84%, were filled. Table 7 below provides information on direct service positions statewide and by island.

Table 7. EIS Direct Service Positions by Island, as of September 2005.

Island	Direct Service Positions – Total #	Direct Service Positions – Filled #	Direct Service Positions – Filled %	Vacant Positions
Oahu	38	33	87%	OT III-1, PT III-1, PMA II-1; SLP-2
Hawaii	6	4	67%	OT III; SLP IV-1
Total	**44**	**37**	**84%**	–

Note: PT = physical therapist; SLP = speech-language pathologist; PMA = paramedical assistant

In addition to EIS direct service staff, EIS has over fifty contracts with fee-for-service providers who support the direct service staff. As noted in the previous section on Service Gaps, these contracted providers serve eligible infants and toddlers when there are staff vacancies and/or increases in referrals that cannot be met by either the ECSP or POS staff. They also help support the ECSPs when the service needs of enrolled children exceed staff capacity, as well as the EIS Care Coordination Unit children, where the majority is not served in early intervention programs.

However, now that the three new POS early intervention programs are operational and serving children, the need for fee-for-service providers has been reduced. In fact, several previous fee-for-service providers are now staff of the new EI programs. EIS is monitoring the impact of the new POS programs on funding needed by the fee-for-service providers, however, it is expected that the transfer of funds from fee-for-service providers to POS programs will be gradual. To support families and children changing providers, the new therapists will have two co-treatment sessions with the current therapists, to support the new provider taking over treatment and to ease the difficulty of families in changing providers.

Goal: 90% of EIS and Healthy Start central administration positions are filled.

Early Intervention Section

EIS has 61 administrative positions statewide, including unit supervisors and specialists in the areas of contracts, internal service testing, public awareness and training, computer support staff, accounting staff, clerical and billing staff, and the Public Health Administrative Officer (PHAO). Also included in the count of administrative positions are the Social Worker V who supervises the Care Coordination Unit social workers, two Social Worker II positions who support H-KISS, the Social Worker IV on the island of Hawaii who supervises seven social workers, ECSU supervisor, ECSP managers, the five Children & Youth (C&Y) Specialist IV positions who support quality assurance activities statewide and the statewide coordinator for the Newborn Hearing Screening Program.

Of the 61 administrative positions, 53 (87%) are filled. All vacant positions are on Oahu, which includes: 4 staff to support third party billing; 1 clerk-typist to support the general administration of EIS; the Child and Youth Specialist IV for Public Awareness/HEICC; the newly established Newborn Hearing Screening Coordinator; and a Data Processing Systems' Analyst that is funded by EIS but supports FHSD. The billing positions were approved in the last biennium session (to be funded by the carveout funds); however, recruitment has been delayed as the positions needed to be changed from exempt to civil service. The two 3rd Party Billing Clerk positions are both vacant as the incumbents resigned to accept more lucrative positions in the private sector. Recruitment for the

clerk-typist will recommence as soon as the recruitment period reopens in September or October. Recruitment for the Newborn Hearing Screening Coordinator position was completed and the selected applicant will begin mid-November 2005.

Table 8 provides information on the administrative positions statewide and by island:

Table 8. EIS Administrative Positions by Island, as of September 2005.

Island	Administrative Positions – Total #	Administrative Positions – Filled #	Administrative Positions – Filled %	Vacant Positions
Oahu	55	47	85%	Clerk-Typist-1; Billing Clerks-2; Third Party Billing Clerks-2; Child & Youth Specialist (HEICC)-1; DPSA IV-1; Newborn Hearing Screening Coord.-1
Hawaii	5	5	100%	–
Maui	1	1	100%	–
Total	**61**	**53**	**87%**	–

Healthy Start

Healthy Start has 9 administrative positions on Oahu. These positions include a program supervisor, registered professional nurse, research statistician, and other specialists in the areas of quality assurance, data, and accounting/contracts. There is also support staff in clerical, billing, and data entry. At the end of September 2005, 44% of Healthy Start administrative positions were filled. Five positions (Program Supervisor, Accountant, Research Statistician, Children & Youth Specialist, and Statistics Clerk) were vacant and under recruitment. The Program Supervisor and Children & Youth Specialist positions will be filled in October.

Goal: 90% of EIS caseloads will be no more than 1:35 (non-weighted).

The goal that "90% of EIS caseloads will be no more than 1:45 weighted caseloads" was revised to "90% of EIS caseloads will be no more than 1:35 (non-weighted)".

Change to a Non-Weighted Caseload Standard
The issue of continuing to use a "weighted" caseload or changing to a "non-weighted" caseload had been under consideration for almost a year. Following a review of data from early intervention programs on the mainland as well as listening to the many concerns of both social workers/care coordinators and program managers, the decision was made to revise the current weighted caseload standard to a non-weighted caseload standard of 1:35. It is expected that the reduced caseload will meet the concerns that staff did not have sufficient time to support family needs, complete paperwork, meet required state and federal timelines, and support the Comprehensive Developmental Evaluation process.

Social Workers' Caseloads
As noted above, in order to support lower caseloads, EIS: 1) has approved additional social work positions to be hired by POS programs; and 2) is assigning EIS social workers/care coordinators to support POS and state early intervention programs as they increase the number of children served. Additional POS positions have been added to: Easter Seals Sultan (2), Easter Seals Kailua (1), Easter Seals Waipahu (1), Easter Seals

Kapolei (2), Easter Seals Kauai (1), Easter Seals Hilo (1), Imua Family Services (2), Salvation Army (0.5), and Ikaika (0.5). Programs are in the process of recruiting for these positions.

Table 9 provides information on the percentage of social workers, by island, that have a current caseload of no more than 1:35. This is expected to decrease as the above positions are filled. Data are provided on the following: 35 of the 44 DOH positions (this does not include the one filled position on maternity leave) from Table 6, and the additional filled POS positions funded via the POS contracts: Kapolei Easter Seals - 2.0 FTE, Waipahu Easter Seals - 3.0 FTE, Salvation Army – 1.0 FTE; Imua Family Services - 2.0 FTE, and Ikaika (Molokai) - 0.5. Of the 44 positions, 12 (27%) had weighted caseloads not more than 1:35.

Table 9. Social Work Positions (DOH and POS) with Non-Weighted Caseloads Not More than 35, by Island, as of September 2005.

Island	# Social Workers Providing Care Coordination as of September 2005	Number with Caseloads No More than 35	Percent with Caseloads No More than 35
Oahu	29 (23 DOH + 6 POS)	8	28%
Hawaii	5 (DOH)	2	40%
Maui & Lanai	6 (4 DOH + 2 POS)	1	17%
Kauai	3 (DOH)	0	0%
Molokai	1.0 (POS)	1	100%
Total	**44.0**	**12**	**27%**

Table 10 provides information on the status of care coordination ratio if all positions were filled, including the new positions.

Table 10. Projected Average Caseloads When All the Social Work Positions (DOH and POS) are Filled and Providing Care Coordination

Island	# Social Worker Positions for Care Coordination	%FTE Social Worker Positions for Care Coordination	Total Caseload	Average Caseload (Projected)
Oahu	43	40.75	1657	41
Hawaii	8*	8.00	320	40
Maui & Lanai	8	7.25	317	44
Kauai	4	4.00	151	38
Molokai	1	1.00	28	28
Total	**64**	**61.00**	**2473**	**41**

*There are 3 programs in different geographical areas of Hawaii: Hilo, Kona, and North Hawaii.

It appears that the strategies undertaken to support decreased caseloads will be successful when all positions are filled. EIS will continue to actively monitor caseloads.

Actions to Support Care Coordination

1) Contract modifications are in place to support the POS programs to hire additional social work/care coordinators as noted above.
2) As more children are referred to community-based early intervention programs, there are fewer children receiving services from fee-for-service providers. Therefore, the EIS social work positions, when filled, will be assigned to support ECSP and POS programs, as follows: two positions will support the Kapiolani Medical Center (KMC) Central EI Program, two positions will support the Easter

Seals Kailua Program, two positions will support Easter Seals Sultan, and one position will supports Leeward ECSP.

3) EIS is closely monitoring the boundaries of the state Early Childhood Services Programs (ECSP) to ensure they can meet the needs of their enrolled children. When caseloads exceed what is appropriate, the boundaries between the ECSP and neighboring POS programs are reviewed and revised, if allowable by the current POS contracts.
4) Other early intervention staff (program managers and direct service staff) continue to support care coordination when there are social worker/care coordinator vacancies. This is a short-term solution as it can result in more service gaps if the direct service providers reduce their direct service time to assist in providing care coordination.
5) Overtime has been approved for EIS care coordinators so they can meet the needs of their families served and complete necessary paperwork. It is expected as the new positions are filled, overtime will no longer be needed.
6) Social workers/care coordinators have acted as liaisons with public health nurses and Healthy Start Family Support Workers when they serve children in common. EIS is working with the early intervention programs to support other staff acting in this liaison role, which will further decrease caseloads numbers.
7) Public health nurses (PHNs) continue to provide care coordination primarily for infants and toddlers with medical conditions and concerns, but also to children referred from Child Welfare Services due to drug exposure. Regular meetings with PHNB are scheduled to review the care coordination needs of infants and toddlers with medical concerns.

Training Opportunities

Early Intervention Section

Training provided and/or supported by EIS for July-September 2005 impacted over 400 early interventionists, public health nurses, Healthy Start providers, Early Head Start staff, fee-for-service providers, community preschool staff, other community providers, and family members. Following is a list of training topics and number of attendees during this quarter:

- **Supporting Children with Challenging Behaviors.** The Keiki Care Project Coordinator continued to provide trainings to support staff serving young children with challenging behaviors, through 2 workshops that impacted 9 staff at the Hale Aloha Preschool in Hilo and Keiki Corner Child Development Center on Oahu. In addition, an EIS psychologist trained 25 staff of C.A.R.E. on the EIS Intensive Behavioral Support guidelines, to support their provision of services to youngsters with autism spectrum disorders and other challenging behaviors. A similar training was also provided to 10 staff of the Hilo Easter Seals program.

- **Promoting Social-Emotional Competence.** The Keiki Care Project Coordinator provided the first in a series of two train-the-trainers events to introduce difference strategies, practices, and interventions adults can use to promote healthy emotional, regulatory and social development in young children. There were 37 attendees.

- **Supporting Infants, Toddlers with Hearing Loss and their Families.** Fifteen presentations/activities were provided to support 36 families and approximately 35 staff who work with children with hearing loss.

- **Internal Review Training.** Two training on the Internal Review process impacted 32 individuals on Maui, including Imua staff, District Health Officers, Healthy Start staff and PHN staff.

- **Database Training.** There has been a focus on the need to collect data to identify to what degree corrections of non-compliance have occurred. To support this process, an internal database was developed and given to all EIS programs, Training on the database impacted approximately 50 individuals, from all EIS programs statewide.

- **Inclusion Project.** Inclusion Project updates were provided to staff of two early intervention programs on Oahu that impacted 5 individuals.

- **Assistive Technology.** Trainings on computer activities and adaptations impacted 15 staff on Oahu and the island of Hawaii.

- **Other Trainings.** Other trainings provided this quarter included: *"Understanding Young Children's Sexual Behavior"* which was provided to 25 DHS licensing specialists and administrators; and *"Involving Fathers and men in the Lives of Young Children,"* which included 64 attendees from the island of Hawaii. There was also an update provided to 35 EIS program managers and staff on issues of compliance with Part C regulations.

- **Supporting DHS's Understanding of H-KISS.** Training was provided to approximately 20 DHS Supervisors on the H-KISS system, to support direct referrals of young children with confirmed abuse and neglect into the early intervention system. A similar presentation was made to 15 members of the DHS Advisory Board on Early Intervention.

- **Informal Trainings/Consultants.** In addition to the more formal training discussed above, staff often provide informal, in-person and telephone support to families and staff of early intervention programs and community preschools.

Fewer trainings were presented this quarter due to the focus on providing informal assistance to all Part C providers in areas of compliance and non-compliance. In addition, there was extensive planning for the statewide training for all EIS social workers/care coordinators, public health nurses, and Healthy Start Family Support Workers on the Hawaii Early Learning Profile (HELP) which is scheduled for October-November 2005.

Healthy Start

Healthy Start has a commitment to continued quality improvement and regularly incorporates training opportunities into this process. Healthy Start administrative program staff and representatives from each POSP have been meeting monthly since May

2005. Since August these meeting have been held in conjunction with the legislated Planning Task Force for the Healthy Start program. The DOH designated lead of the Early Intervention (EI) System is a member of the group. Both meetings are now an opportunity for continued collaboration on program development and education on timely issues, such as IDEA, Part C compliance activities. Both groups are also aware of the continued training needed for Healthy Start agencies on strategies and quality improvement efforts to meet standards. Further strengthening of the EI System continues as both groups actively participate in the on-going process. With protests to the recent Request for Proposals (RFP), the procurement process was halted. As such, current providers were offered an extension to the existing contract. The training POSP chose not to extend and, consequently, no training occurred this quarter as the new POSP does not yet have an executed contract.

Quality Assurance

Early Intervention Section

The EIS approach to quality assurance (QA), through a variety of specific activities, is that the State is assured that 1) all children under the age of 3 with developmental delays and their families are provided, through a family-centered, community-based, coordinated process, the necessary early intervention services to meet their needs; and 2) all services are provided in conformance with federal IDEA Part C and state requirements.

Recent feedback from the Office of Special Education Programs (OSEP) (July 6, 2005) on the submission of last year's Annual Performance Report reported continued non-compliance in the following areas: 1) not ensuring that the State's monitoring process adequately identified and corrected areas of non-compliance; 2) not providing all children with timely Comprehensive Developmental Evaluations (CDE); 3) not including complete information on "Present Level of Development" in IFSPs; and 4) not providing timely transition activities, including Transition Plans, Transition Conferences, Transition Notices.

Several years ago it was determined that the most important ingredient of becoming compliant was to develop a single system to serve all Part C children. Because Part C children are served by staff of different DOH Divisions (Family Health Services Division and Community Health Nursing Division) and Branches (Children with Special Health Needs Branch, Maternal Child Health Branch, Public Health Nursing Branch), it was vital that everyone have the same philosophy and practice. To reach this end, a variety of activities occurred, including:

1) A required 3-day training on IDEA Part C requirements was developed and systematically presented statewide to all Part C providers.
2) A single set of monitoring tools was developed and implemented last year and the resulting data was analyzed and shared statewide.
3) A family survey was developed and disseminated by all Part C Programs to determine how Hawaii's EI System could better meet family needs.
4) A decision to identify specific and appropriate tools to be used in completing the Comprehensive Developmental Evaluation to determine eligibility for Part C services.

5) A decision to develop a statewide IFSP that would be used by all programs, including EIS, PHNB, and Healthy Start. A committee of representatives of all Part C programs and families developed the IFSP. After piloting, training was provided to all staff statewide, with an implementation date of July 1, 2005.
6) Quality Assurance Specialists were hired to both support EIS Program Improvement and monitor for compliance.
7) Multiple conversations were held with OSEP staff to clarify issues of non-compliance and to agree on the wording of the Transition Notice.
8) Four new Purchase of Service EI Programs were funded so that more children and families would be served by multidisciplinary programs instead of discipline-specific fee-for-service providers.
9) Statewide forms were developed including the: Transition Notice, Transition Conference Meeting Notification, and IFSP Meeting Invitation.
10) POS Programs will be provided additional funds to hire more care coordinators so that caseloads will be lowered and requirements will be timely.

However, even though the above successful activities occurred to develop a single system, the data presented in the 2003-2004 Annual Performance Report did not show sufficient improvement, and as a result, Special Conditions were attached to Hawaii's Part C Grant Award.

Monitoring of all EIS public and POS programs occurred during the month of September 2005. The data is being reviewed for inclusion in the Special Conditions Report due to OSEP in November 2005. There will continue to be an emphasis in service provision and increased monitoring to assure that the changes successfully address the non-compliance.

Child/Family Outcomes
Activities will continue to determine the effectiveness of EI in supporting outcomes of children and their families.

Internal Reviews
Internal Reviews (which utilize the Felix Service Testing protocol) provide the opportunity for an objective observation of a child's and family's progress and to what extent the system supports the child and family and will continue. However, because of the need to assure smooth transitions, the focus this year will be on children who are either in the transition process to DOE Preschool Special Education or were recently transitioned. This will provide additional information to both confirm that Part C children are being provided the required transition activities and to examine the collaboration between Parts B and C in the area of transition.

Efforts to Support Concerns Raised During Internal Reviews: EIS has developed new procedures, to begin in September 2005, to provide feedback to the agencies that provide care coordination and/or services to children reviewed so they can improve practice.

- The EIS Internal Review Coordinator will summarize the results from each review (regardless of whether the child passes or fails) for the care coordinating Program/Section. Information provided will include strengths, needs, and recommendations.
- There will be increased involvement with the Complex Improvement Process. This is being developed in conjunction with the DOE.
- Action plans will be developed and added to the Program's Improvement Plan if a child does not pass either the Child or System Review.

In addition, EIS is now represented on the Interagency Quality Assurance Committee to support interagency collaboration in the area of quality assurance. Other members include representatives of the Department of Education, DOH Developmental Disabilities Division, DOH Child and Adolescent Mental Health Division, Department of Human Services Child Welfare System, and Hawaii Families as Allies.

Participation in Nationwide Efforts to Identify Appropriate Child and Family Outcomes
Hawaii's Part C Coordinator continues to participate in a workgroup organized by the Early Childhood Outcomes (ECO) Center to identify appropriate child and family outcomes that will be presented to OSEP as possible nationwide child and family outcomes. In addition, the Stanford Research Institute (SRI) in collaboration with EIS submitted and received funding for a grant proposal to identify and pilot outcome indicators with all Hawaii's Part C programs. Hawaii may choose to utilize the national outcomes being developed, or expand these to be more specific to Hawaii's population.

Roles and Responsibilities of EIS Quality Assurance Specialists
The 5 Quality Assurance (QA) Specialists continue to expand their roles in the area of quality assurance through the following activities/strategies to support compliance:

- Monitor child charts.
- Review quarterly monitoring data with Program Managers to help determine how to increase compliance.
- Support programs in developing and implementing Improvement Plans to meet identified needs based on monitoring results.
- Facilitate statewide IFSP trainings.
- Participate in collaborative meetings for staff of different agencies that serve the same child (e.g., Imua Family Services, Healthy Start, and PHNB).
- Act as a resource regarding IDEA Part C requirements.
- Participate in the Internal Review process.
- Attend DOE Complex/District Quality Assurance meetings.
- Participate in STEPS teams.
- Attend Community Council meetings.
- Attend EIS Program Manager meetings to support their understanding of issues that impact all early intervention programs.

Healthy Start

Healthy Start staff have actively participated in the development and implementation of the state's EI system to assure that all environmentally at-risk children age 0-3 years and their families are provided, through a family-centered, community-based, coordinated process, the necessary early intervention services to meet their needs. This includes participation in all EI system quality assurance activities, monitoring, and reporting. IDEA compliance has now been made the priority of Healthy Start statewide and all resources are being put behind this effort. Program monitoring, reporting activities, and statewide quality improvement plans are being aligned with all EI system efforts to help ensure a more responsive and efficient statewide system and improved services to children and families.

Funding

Early Intervention Section

A total of $8,680,021 was appropriated and $8,799,576 was allocated for FY 2005. A total of $8,900,021 was appropriated and $9,015,021 was allocated for FY 2006. The differences in both years was due to additional funds authorized by the Legislature for collective bargaining increases. The majority of the first quarter allocation supports POS and fee-for-service contracts.

Table 11. EIS Allocations and Expenditures/Encumbrances – State Funds

	Allocation	Cumulative Allocation to End of Quarter	Cumulative Expenditures/ Encumbrances at End of Quarter[1]
Fiscal Year 2005			
1st quarter – July-Sept. 2004	5,260,161	5,260,161	5,315,096
2nd quarter – Oct.-Dec. 2004	1,345,500	6,605,661	6,818,039
3rd quarter – Jan.-Mar. 2005	1,105,500	7,711,161	8,008,813
4th quarter – Apr.-June 2005	1,088,415	8,799,576	9,420,630 [2]
Fiscal Year 2006			
1st quarter – July-Sept. 2005	5,298,381	5,298,381	5,404,284 [3]
2nd quarter – Oct.-Dec. 2005	1,390,000	6,688,381	
3rd quarter – Jan.-Mar. 2006	1,185,000	7,873,381	
4th quarter – Apr.-June 2006	1,141,640	9,015,021	

[1] Source: Financial Accounting and Management Information System (FAMIS) report.
[2] Information as of 10/27/05.
[3] Information as of 9/28/05.

EIS also receives federal Part C funds (Table 12) for early intervention services. These funds decreased from $2,194,384 for FY 2005 to $2,160,317 in FY 2006.

Table 12. EIS Allocations and Expenditures/Encumbrances – Federal Part C Funds

	Allocation	Cumulative Allocation to End of Quarter	Cumulative Expenditures/ Encumbrances at End of Quarter[1]
Fiscal Year 2005			
1st quarter – July-Sept. 2004	995,671	995,671	663,772
2nd quarter – Oct.-Dec. 2004	416,515	1,412,186	686,145
3rd quarter – Jan.-Mar. 2005	426,000	1,838,186	1,054,774
4th quarter – Apr.-June 2005	428,227	2,266,413	1,358,875 [2]
Fiscal Year 2006			
1st quarter – July-Sept. 2005	1,113,693	1,113,693	750,228 [3]
2nd quarter – Oct.-Dec. 2005	448,500	1,562,193	
3rd quarter – Jan.-Mar. 2006	445,000	2,007,193	
4th quarter – Apr.-June 2006	450,898	2,458,091	

[1] Source: FAMIS Report
[2] Information as of 7/6/05.
[3] Information as of 10/27/05.

Additional funding to support the EIS deficit has come from the EI Special Fund into which the Medicaid reimbursement for EI services are deposited.

Healthy Start

In FY 2005, a total of $19,217,620 in State ($13,969,953) and Tobacco ($5,247,667) funds was initially appropriated and allocated; however, the 2004 Legislature reduced the FY 2005 state appropriation to $11,877,435 and reduced the Tobacco funds to $4,747,667 (a total of $16,625,102 or a 13.5% reduction). Total state funds were further reduced to $11,277,435 (due to lower than expected expenditures) when $600,000 was transferred to EIS to support their deficit.

In FY 2006, a total of $11,877,435 in State funds was again appropriated and allocated. In addition, $2,000,000 from the Early Intervention Special Fund was specifically allocated to Healthy Start. Table 13 summarizes allocations and expenditures/ encumbrances for FY 2005 and FY 2006.

Table 13. Healthy Start Allocations and Expenditures/Encumbrances (Source: FAMIS report)

	Allocation	Cumulative Allocation to End of Quarter	Cumulative Expenditures/ Encumbrances at End of Quarter
Fiscal year 2005 [1]			
1st quarter – Jul.-Sept. 2004	16,363,548	16,363,548	16,825,456
2nd quarter – Oct.-Dec. 2004	87,185	16,450,733	15,682,408
3rd quarter – Jan.-Mar. 2005	(512,815) [2]	15,937,918	15,860,660
4th quarter – Apr.-June 2005	87,184	16,025,102	15,841,582
Fiscal year 2006			
1st quarter – Jul.-Sept. 2005 [3]	11,615,881	11,615,881	3,191,991
2nd quarter – Oct.-Dec. 2005	2,087,185	13,703,066	
3rd quarter – Jan.-Mar. 2006	87,185	13,790,251	
4th quarter – Apr.-June 2006	87,184	13,877,435	

[1] State funds ($11,877,435) + Tobacco funds ($4,747,667).
[2] Quarter allocation of $87,185 less $600,000 transferred out to EIS in March 2005.
[3] Information as of 09/30/05.

Summary

Strengths in the early intervention system from July-September 2005 include:

- ⇨ Statewide implementation of the IFSP occurred. The new IFSP form is being used by all Part C providers.
- ⇨ A set of common forms was drafted to support all Part C providers. The use of these forms will support compliance with IDEA Part C regulations, as procedures will be consistent across agencies.
- ⇨ EIS, PHNB, and MCHB are collaborating extensively to ensure that programs are aware of changes that must be implemented to support Part C compliance.
- ⇨ A decision was made to review one "transition" child during School Year 2005-2006 Internal Reviews to help support improved transition.
- ⇨ All three new POS programs are fully operational.

- ⇨ POS programs have been approved to increase the number of care coordinators to help reduce the care coordination ratio to the approved 1:35 ratio.
- ⇨ All Part C programs are working diligently to correct the areas of non-compliance identified by OSEP.
- ⇨ Medicaid reimbursements for EI services were received and have been used to support the EIS deficit.
- ⇨ Dedicated direct service staff at EIS and public and private early intervention programs is working diligently to meet the needs of the expanding number of children identified with developmental delays statewide and their families.
- ⇨ On-going meetings between EIS, Healthy Start, and PHN staff support collaboration and continuity for Hawaii's Part C eligible children.
- ⇨ On-going collaboration with DOE support the transition of children from DOH Part C programs to DOE preschool programs.

Challenges to the early intervention system from July-September 2005 include:

- ⇨ The increase in the identification of children with developmental delays has led to an increase in care coordination ratios. Changes noted above are now in place to reduce the ratios.
- ⇨ Hawaii Part C has not met the required IDEA Part C compliance, and Special Conditions were attached to the FFY 2005 Grant Award.
- ⇨ Increased monitoring is necessary to determine if the non-compliance is corrected.
- ⇨ There is not one unified Part C data system to determine statewide compliance. Each Agency must adapt or develop its own system to determine compliance.
- ⇨ The increased number of children identified as IDEA Part C eligible has resulted in increased costs in meeting their service needs.
- ⇨ Employment and retention of experienced early intervention staff impacts the ability to meet OSEP requirements.
- ⇨ Additional funding is being requested through the Legislature to offset the projected budget deficits.
- ⇨ Continued training is needed for Healthy Start agencies on strategies and quality improvement efforts to meet standards.